

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SEARCH NO. 097155590 FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1	1			
2	1			
3	1			
4	3			
5	1			
6	1			
7	1			
8	1			
9	1			
10	1			
11	1			21
12	1			21
13	3			21
14	1			21
15	1			21
16	1			21
17	1			21
18	1			21
19	1			21
20	1			21
21	1			21
22	1			21
23	1			21
24	3			21
25	1			21
26	1			21
27	1			21
28	1			21
29	1			21
30	1			21
31	2			21
32	1			21
33	1			21
34	1			21
35	1			21
36	1			21
37	1			21
38	1			21
39	1			21
40	1			21
41	1			21
42	1			21
43	1			21
44	1			21
45	1			21
46	1			21
47	1			21
48	1			21
49	1			21
50	1			21
TOTAL IND.	1			21
TOTAL DEP.				32
TOTAL CLAIMS	74			34

IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1				
52	1				
53	1				
54	1				
55	1				
56	1				
57	1				
58	1				
59	1				
60	1				
61	1				
62	1				
63	1				
64	1				
65	1				
66	1				
67	1				
68	1				
69	1				
70	1				
71	1				
72	1				
73	1				
74	1				
75	1				
76	1				
77	1				
78	1				
79	1				
80	1				
81	1				
82	1				
83	1				
84	1				
85	1				
86	1				
87	1				
88	1				
89	1				
90	1				
91	1				
92	1				
93	1				
94	1				
95	1				
96	1				
97	1				
98	1				
99	1				
100	1				
TOTAL IND.	6			21	
TOTAL DEP.	68			32	
TOTAL CLAIMS	74			34	